

**BUREAU OF INTERNAL AFFAIRS  
Investigations Division  
Special Investigations Section**

**09 NOVEMBER 2011  
C.L. 1049919**

5

**TO:** Juan J. RIVERA  
Chief  
Bureau of Internal Affairs

Robert KLIMAS  
Commander  
Bureau of Internal Affairs

**ATTN:** Lt. Susan CLARK  
Commanding Officer  
Administrative Section / BIA

**CC:** Lt. Karen KONOW  
Commanding Officer  
Special Investigations Section / BIA

**FROM:** Sergeant Christopher Pettis  
Investigations Division  
Special Investigations Section / BIA

**SUBJECT:** **Synoptic Report for C.L. # 1049919  
(Weapons Discharge / hits) animal**

**INVOLVED  
OFFICERS:** Police Officer Baneond Chinchilla  
Star # 9445, Unit 189 (On Duty)  
Employee # [REDACTED]  
Date of Appointment: 25 August 2003  
D.O.B. 12 May 1973

Police Officer Michael Padalino  
Star # 15680, Unit 189 (On Duty)  
Employee # [REDACTED]  
Date of Appointment: 07 July 1997  
D.O.B. 28 August 1973

**DATE/TIME/  
LOCATION:** 09 November 2011/ 1824 hours/ [REDACTED]

**OCIC:** none

**BUREAU OF INTERNAL AFFAIRS  
Investigations Division  
Special Investigations Section**

**09 NOVEMBER 2011  
C.L. 1049919**

**BAC RESULTS:** .0000 / .0000

**Reference:**

**Log # 1049919**

**WD #'s [REDACTED]**

**(Chinchilla)**

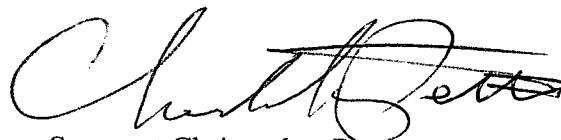
**[REDACTED] (Padalino)**

**RD # [REDACTED]**

**Event # [REDACTED]**

**SUMMARY:** On 09 November 2011, at 1913 hours, Investigating Sergeant was notified by C.P.I.C. (Anderson) of a weapons discharge incident concerning two on duty narcotics police officers in the 025<sup>th</sup> District. The officers (Chinchilla # 9445 and Padalino # 15680) were attacked by an aggressive dog as they executed a search warrant [REDACTED] and both officers discharged their firearms. The animal is deceased and no other property damage or injuries were reported.

Investigating Sergeant arrived at the 025<sup>th</sup> District at approximately 2015 hours. Investigating Sergeant started the observation period of P.O. Chinchilla at 2030 hours. P.O. Chinchilla supplied a breath test sample at 2052 hours which resulted in a BAC result of .0000. P.O. Chinchilla supplied a urine sample at 2100 hours. Investigating Sergeant started the observation period of P.O. Padalino at 2110 hours. P.O. Padalino supplied a breath test sample at 2132 hours which resulted in a BAC result of .0000. P.O. Padalino supplied a urine sample at 2139 hours.



Sergeant Christopher Pettis  
Investigations Division  
Special Investigations Section / BIA

**APPROVED:**



Lt. Susan CLARK  
Commanding Officer  
Administrative Section / BIA

TEST RECORD  
RBT IV

RBT IV# 022783

DATE 11-09-11

TEST NO. 0076

ID#

93625

AS IV# 098835

TEMPERATURE 18 C

SUBJECT TEST  
%BAC TIME

-----  
.000 BLANK  
.000 AUTO 20:52

-----  
SUBJECT

OPERATOR

C. Pettis

WITNESS

555 W Grand

TEST LOCATION

Log# 1049919



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name BANE AND Chinchilla Title Police Officer  
Star No. 9445 Employee No. ██████████ Unit ████ 189

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>BANE AND Chinchilla</u>	Involved Member's Signature 	Date and Time <u>9 Nov 2011 2030</u>
Type of Test: Alcohol	Location: <u>██████████</u>	Date and Time: <u>9 Nov 2011 2052</u>
Type of Test: Drug	Location: <u>██████████</u>	Date and Time: <u>9 Nov 2011 2100</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt. Christopher Pettis</u>	IAD Supervisor's Signature 	Date and Time <u>09 Nov 2011 2105</u>
---	--------------------------------	--

CPD-44.252 (7/10)

DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40007779 SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CASES POLICE DEPT  
 1400 W DAVIS UNIT #108700  
 10 S MICHIGAN AVE  
 CHICAGO IL 60603  
 TEL 312-746-5000 FAX 312-746-5000

B. MRO Name, Address, Phone and Fax No. 1000 ID. SAPHE000020

C. Donor SSN or Employee I.D. No.

 D. Donor Name: Last: *JV* First: *J*

 E. Donor ID Verified:  Photo ID  Emp. Rep.

 F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) *Weapons Discharge*

G. Drug Tests to be Performed:

*WEDNESDAY SAP 10 50/2000 0830*
*Mandatory POST*
*025# DIST*

H. Collection Site Name:

*555 W Grand*

Collection Site Code:

 Address: *CHICAGO IL*

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

**STEP 2: COMPLETED BY COLLECTOR**

 Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

 Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)

**REMARKS**
**STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**
**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**
*I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.*

*John Stephen Pettis*  
 Signature of Collector  
 (Print) Collector's Name (First, MI, Last)

*09:00 AM*

Time of Collection

*11/19/2011*

Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**
 Quest Diagnostics Courier  FedEx  
 Other \_\_\_\_\_

Name of Delivery Service Transferring Specimen to Lab

 RECEIVED  
 AT LAB: *X*

Signature of Accessioner

(Print) Accessioner's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**Primary Specimen  
Bottle Seal Intact**
 Yes  
 No, Enter Remark \_\_\_\_\_

**SPECIMEN BOTTLE(S) RELEASED TO:**
**STEP 5: COMPLETED BY DONOR**
*I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.*

*John Stephen Pettis*  
 Signature of Donor  
 Daytime Phone No. ( )

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Evening Phone No.

Date of Birth

Mo. / Day / Yr.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**
*In accordance with applicable requirements, my determination/verification is:*

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

*X*

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN**
*In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:*

RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

*X*

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by SGT. Christopher Pettis  
 Employer Representative \_\_\_\_\_

Signature of Employer Representative

PART I - A. On the 9 day of November 2011 at 2100, I, P.O. Beaurond Chinchilla,  
(TIME) (PRINT NAME)

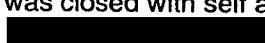
removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT Christopher Pettis, and witnessed this member:  
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial. 

C. Pour a portion of my urine specimen into a vial with the control number printed on its side.

D. Close the vial cap. 

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number 

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number 

A MAIN TEST VIAL - NO.

B ALTERNATE TEST VIAL - NO.

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

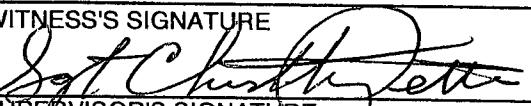
RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

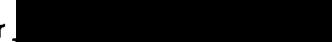
SUPERVISOR'S SIGNATURE

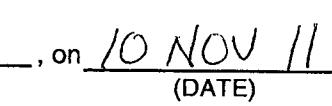
STAR/EMP NO.

 9445 / 93625

 50596

PART II -

The urine specimen with the control number  was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

  , on 10 NOV 11 , at 1410 .   
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME) (EXAMINEE'S INITIALS)

PART III - I attest that the sealed urine specimen bag containing specimen ID number 

was removed from the Random Drug Testing Unit refrigerator by  (RDTU MEMBER)

and then delivered to  , on  , at   
(LAB MEMBER) (DATE) (TIME)

Specimen received by  (LAB MEMBER'S INITIALS)  (RDTU MEMBER'S SIGNATURE)  STAR/EMP NO.

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 10 day of Nov 2011, I Po C. Conry #7094  
received a collected urine specimen from Sgt. A. Pettis #1184. The specimen  
was delivered in sealed unsealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag)

or

\_\_\_\_\_  
\_\_\_\_\_

The packaging was then opened by Po C. Conry in the presence  
of Sgt. Pettis. The following items were removed from the container:

Select One  One tape-sealed vial labeled # [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

\_\_\_\_\_  
\_\_\_\_\_

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by Po C. Conry, as witnessed by Sgt. Pettis.

Specimen delivered by:

Elmer Pettis #1184  
Signature

Received/stored by:

Po C. Conry #7094  
Signature

TEST RECORD  
RBT IV

RBT IV# 022783  
DATE 11-09-11  
TEST NO. 0077  
ID#  
47636  
AS IV# 098835  
TEMPERATURE 20 C

SUBJECT TEST	
%BAC	TIME
.000	BLANK
.000	AUTO 21:32

SUBJECT  
[REDACTED]

OPERATOR

C Perri S

WITNESS

SS Swanson

TEST LOCATION

Log#1049919



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

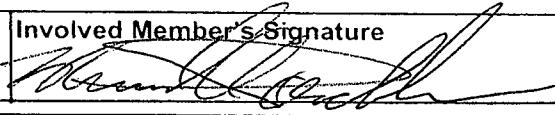
CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Michael PADALINO Title Police officer  
Star No. 156 80 Employee No. [REDACTED] Unit 189

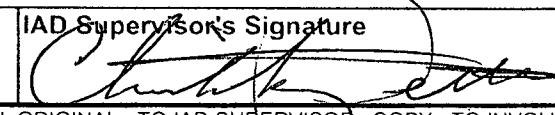
The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name <u>Michael Padalino</u>	Involved Member's Signature 	Date and Time <u>09 Nov 2011 2110</u>
Type of Test: Alcohol	Location: [REDACTED]	Date and Time: <u>09 Nov 2011 2135</u>
Type of Test: Drug	Location: [REDACTED]	Date and Time: <u>09 Nov 2011 2139</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name <u>Sgt. Christopher Pettis</u>	IAD Supervisor's Signature 	Date and Time <u>09 Nov 2011 2145</u>
CPD-44.252 (7/10)	DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER	

34015057 4930745 SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

DETROIT POLICE DEPT  
DRUG CRIME UNIT - DIVISION OF  
DEPARTMENT OF PUBLIC SAFETY  
1200 GRAND RIVER AVENUE  
DETROIT MI 48226  
(313) 245-5453 FAX (313) 744-5819

B. MRO Name, Address, Phone and Fax No. (PRINT) 1801 SGRHS501020

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:  Photo ID  Emp. Rep.F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) *Mandatory POST WEAPONS Discharge*

G. Drug Tests to be Performed:

X DRUGS OF ABUSE

H. Collection Site Name:

Collection Site Code:

Address: CH 60 T L

Collector Phone No.:

City, State and Zip:

Collector Fax No.:

**STEP 2: COMPLETED BY COLLECTOR**Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

 Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)**REMARKS****STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.****STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**

I certify that the specimen given to me by the donor, identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X *Christopher Pettis*  
 Signature of Collector  
 Christopher PETTIS  
 (Print) Collector's Name (First, MI, Last)

9:39 AM

Time of Collection

11/19/2011

Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**
 Quest Diagnostics Courier  FedEx  
 Other \_\_\_\_\_

Name of Delivery Service Transferring Specimen to Lab

RECEIVED  
AT LAB: X

Signature of Accessioner

11/19/2011

Date (Mo./Day/Yr.)

**Primary Specimen  
Bottle Seal Intact**
 Yes  
 No, Enter Remark \_\_\_\_\_
 **SPECIMEN BOTTLE(S) RELEASED TO:****STEP 5: COMPLETED BY DONOR**

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X *D*  
 Signature of Donor  
 Daytime Phone No. ( )

Evening Phone No. ( )

(PRINT) Donor's Name (First, MI, Last)

Date (Mo./Day/Yr.)

Date of Birth \_\_\_\_\_  
Mo. / Day / Yr.**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable requirements, my determination/verification is:

<input type="checkbox"/> NEGATIVE	<input type="checkbox"/> POSITIVE	<input type="checkbox"/> TEST CANCELLED	<input type="checkbox"/> REFUSAL TO TEST BECAUSE:
<input type="checkbox"/> DILUTE			<input type="checkbox"/> ADULTERATED <input type="checkbox"/> SUBSTITUTED

REMARKS \_\_\_\_\_

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN**

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

 RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.)

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by \_\_\_\_\_

SGT Christopher Pettis

Employer Representative \_\_\_\_\_

Signature of Employer Representative

PART I -

A. On the 9 day of November, 2011 at 2139, 1, Michael Padalino  
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT Christopher Pettis  
(PRINT RECEIVING STAFF MEMBER'S NAME)

B. Break the Tamper Evident Plastic Filament Link (M)  
between the cap and the base of the vial.

A

B

MAIN TEST VIAL - NO. \_\_\_\_\_

ALTERNATE TEST VIAL - NO. \_\_\_\_\_

C. Pour a portion of my urine specimen into a vial  
with the control number printed on it's side.

D. Close the vial cap. (A)

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.  
I then initialed the evidence tape with specimen ID number \_\_\_\_\_

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode  
label on bag with the number \_\_\_\_\_

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

Sgt Christopher Pettis #1184

15680

50596

PART II -

The urine specimen with the control number \_\_\_\_\_ was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

bmy  
(STAFF MEMBER'S SIGNATURE)

, on 10 NOV 11

(DATE)

at 1415

(TIME)

(EXAMINEE'S INITIALS)

PART III -

I attest that the sealed urine specimen bag containing specimen ID number \_\_\_\_\_

was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_\_

(RDTU MEMBER)

and then delivered to \_\_\_\_\_

, on \_\_\_\_\_  
(LAB MEMBER)

, on \_\_\_\_\_  
(DATE)

, at \_\_\_\_\_  
(TIME)

Specimen received by \_\_\_\_\_

(LAB MEMBER'S INITIALS)

(RDTU MEMBER'S SIGNATURE)

STAR/EMP NO.

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 10 day of Nov 2011, I PO C. Conny # 7094 received a collected urine specimen from Sgt. C. Pettis # 1184. The specimen was delivered in sealed/ unsealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

\_\_\_\_\_  
\_\_\_\_\_

The packaging was then opened by PO C. Conny in the presence of Sgt. PETTIS. The following items were removed from the container:

Select One  One tape-sealed vial labeled #                          within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled #                         .

or

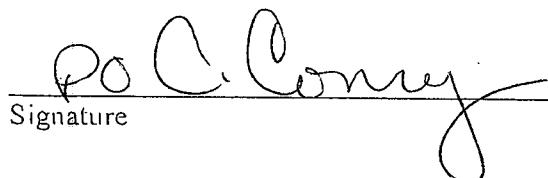
\_\_\_\_\_  
\_\_\_\_\_

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by PO C. Conny, as witnessed by Sgt. PETTIS.

Specimen delivered by:

  
Signature Christopher J. Pettis # 1184

Received/stored by:

  
Signature PO C. Conny # 7094

UNIT NO.	PROP. INVENTORY NO.	DATE RECEIVED	MANNER RECEIVED
121		9 NOV 2011	<input type="checkbox"/> MAIL <input checked="" type="checkbox"/> COUNTER <input type="checkbox"/> CRIME LAB <input type="checkbox"/> OTHER-DESCRIBE
DELIVERING OFFICER	STAR NO.	E & RPS RECEIVING OFFICER	STAR NO.
SGT. C. PETTIS #A84		[REDACTED]	
CONTENTS - DESCRIBE	Log # 104 99 19		
AMOUNT \$			
<b>EVIDENCE - PROPERTY ENVELOPE</b> EVIDENCE & RECOVERED PROPERTY SECTION CHICAGO POLICE DEPARTMENT			
 CPD-04-559-A			

CPD 0021662

Last Name: Chinchilla

[REDACTED]

First Name: BANEON

16 NOV 11

Rank: P O

Star #: 9445

Unit: 189

Home Zip Code: \_\_\_\_\_

Date Hired: 25 AUG 2003

Birthdate: [REDACTED]

TS  
copy  
CPD 0021663

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by SGT Christopher Pettis

Employer Representative

Signature of Employer Representative

PART I - A. On the 9 day of November 2011 at 2100, I, P.O. Bonneaud Chinchilla,  
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to SGT Christopher Pettis,  
(PRINT RECEIVING STAFF MEMBER'S NAME) and witnessed this member:

B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial.

C. Pour a portion of my urine specimen into a vial with the control number printed on it's side.

D. Close the vial cap.

E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number [REDACTED]

F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number [REDACTED]

A  
MAIN TEST VIAL - NO. [REDACTED]

B  
ALTERNATE TEST VIAL - NO. [REDACTED]

EXAMINEE'S SIGNATURE

STAR/EMP NO.

WITNESS'S SIGNATURE

STAR/EMP NO.

RECEIVING STAFF MEMBER'S SIGNATURE

STAR/EMP NO.

SUPERVISOR'S SIGNATURE

STAR/EMP NO.

PART II - The urine specimen with the control number [REDACTED] was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

Conny, on 10 NOV 11, at 1410. (EXAMINEE'S INITIALS)  
(STAFF MEMBER'S SIGNATURE) (DATE) (TIME)

PART III - I attest that the sealed urine specimen bag containing specimen ID number [REDACTED]

was removed from the Random Drug Testing Unit refrigerator by \_\_\_\_\_ (RDTU MEMBER)  
and then delivered to \_\_\_\_\_, on \_\_\_\_\_, at \_\_\_\_\_.  
(LAB MEMBER) (DATE) (TIME)

Specimen received by \_\_\_\_\_  
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

440567 4930770 SPECIMEN ID NO.

**STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE**

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

 CHICAGO POLICE DEPT  
 3500 N DIAZ MINT. #1000/500  
 100 N WRIGHTSON RD.  
 CHICAGO IL 60653  
 TEL 312 744-5000 FAX 312 744-5000

B. MRO Name, Address, Phone and Fax No. FORM ID: SAPHE0602R

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last:

First:

E. Donor ID Verified:  Photo ID  Emp. Rep.F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) Weapons Discharge

G. Drug Tests to be Performed:

W: RELATIONSHIP TO AD/2000 M/S/T

Mandatory POST

025TH DIST

H. Collection Site Name: 555 W Grand

Address: CHICAGO IL

Collection Site Code:

Collector Phone No.:

Collector Fax No.:

**STEP 2: COMPLETED BY COLLECTOR**Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

 Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)
**REMARKS****STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.**  
**STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY**
*I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.*

*[Signature]*  
 Signature of Collector  
 Christopher PETTIS  
 (Print) Collector's Name (First, Mi, Last)

09:00 AM  
 Time of Collection  
 11/14/2011  
 Date (Mo./Day/Yr.)

**SPECIMEN BOTTLE(S) RELEASED TO:**
 Quest Diagnostics Courier  FedEx  
 Other

Name of Delivery Service Transferring Specimen to Lab

**RECEIVED  
AT LAB: X**

Signature of Accessioner

(Print) Accessioner's Name (First, Mi, Last)

Date (Mo./Day/Yr.)

**Primary Specimen  
Bottle Seal Intact**
 Yes  
 No, Enter Remark
**SPECIMEN BOTTLE(S) RELEASED TO:****STEP 5: COMPLETED BY DONOR**
*I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a temper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.*

*[Signature]*  
 Signature of Donor  
 Daytime Phone No. ( )

(PRINT) Donor's Name (First, Mi, Last)  
 Evening Phone No. / /  
 Date of Birth / /  
 Mo. Day Yr.

**STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN**

In accordance with applicable requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

**X**

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, Mi, Last)

Date (Mo./Day/Yr.)

**STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN**

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

 RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_**X**

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, Mi, Last)

Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT  
ALTERNATE COLLECTION RECEIPT

On the 10 day of Nov 2011, I Po C. Conry #7094  
received a collected urine specimen from Sgt. A. PETTIS # 1184. The specimen  
was delivered in sealed unsealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/property bag containing two tape-sealed vials (including  
one within a sealed Quest Diagnostics specimen bag).

or

\_\_\_\_\_  
\_\_\_\_\_

The packaging was then opened by Po C. Conry in the presence  
of Sgt PETTIS. The following items were removed from the container:

Select One  One tape-sealed vial labeled [REDACTED] within a sealed Quest  
Diagnostics specimen bag and one tape-sealed vial labeled # [REDACTED]

or

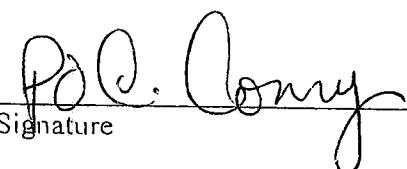
\_\_\_\_\_  
\_\_\_\_\_

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer  
by Po C. Conry, as witnessed by Sgt. PETTIS.

Specimen delivered by:

  
Signature # 1184

Received/stored by:

  
Signature # 7094



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name BANEAND Chinchilla Title Police Officer  
Star No. 9445 Employee No. 93625 Unit 016 189

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
<u>BANEAND Chinchilla</u>		<u>9 Nov 2011 2030</u>
Type of Test: Alcohol	Location:	Date and Time: <u>9 Nov 2011 2052</u>
Type of Test: Drug	Location:	Date and Time: <u>9 Nov 2011 2100</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
<u>Sgt. Christopher Pettis</u>		<u>09 Nov 2011 2105</u>

CPD-44.252 (7/10) DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER

40005057 AREA/ROUTE/STOP: XXXXXXX  
 CHICAGO POLICE DEPT  
 RANDOM DRUG UNIT #1087SW  
 3510 S MICHIGAN AVE  
 CHICAGO, IL 60653

LABORATORY REPORT



Quest  
Diagnostics

PARTICIPANT NAME	PARTICIPANT ID	ROOM NO.	AGE	SEX	PHYSICIAN	
1			11092011 09:00PM	11112011	11112011	10:05AM

REMARKS Client Site Location:

REASON FOR TEST: WEAPONS DISCHARGE MANDATORY

DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered:	35190N (SAP 10-50/2000 W/NIT)						
Integrity Checks						Acceptable Range	
CREATININE	205.3 mg/dL					>/= 20 mg/dL	
pH	5.7					4.5-8.9	
OXIDIZING ADULTERANTS	Negative						
Substance Abuse Panel					Initial Test Level	MS Confirm Test Level	
AMPHETAMINES	Negative				1000 ng/mL	500 ng/mL	
BARBITURATES	Negative				300 ng/mL	200 ng/mL	
BENZODIAZEPINES	Negative				300 ng/mL	200 ng/mL	
COCAINE METABOLITES	Negative				300 ng/mL	150 ng/mL	
MARIJUANA METABOLITES	Negative				50 ng/mL	15 ng/mL	
METHADONE	Negative				300 ng/mL	200 ng/mL	
METHAQUALONE	Negative				300 ng/mL	200 ng/mL	
OPIATES	Negative				2000 ng/mL	2000 ng/mL	
PHENCYCLIDINE	Negative				25 ng/mL	25 ng/mL	
PROPOXYPHENE	Negative				300 ng/mL	200 ng/mL	
CERTIFYING SCIENTIST:	KSAS01						
SPECIMEN RECEIVED AND PROCESSED	IN THE LENEXA DHHS CERTIFIED LABORATORY.						
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219						
	>> END OF REPORT <<						

Last Name: PADALINO  
First Name: Michael  
Rank: P O  
Star #: 15680  
Unit: 189  
Home Zip Code: \_\_\_\_\_  
Date Hired: 07 July 1987  
Birthdate: [REDACTED]

WD118367  
10 Nov 11

T S  
copy  
CPD 0021669

# DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT

INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member.

Donor I.D. verified

Photo I. D. by SGT Christopher Pettis  
 Employer Representative

Signature of Employer Representative

PART I - A. On the 9 day of November, 2011 at 2139, Michael PADALINO  
(TIME) (PRINT NAME)

removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this  
same cup, then I delivered this cup containing my urine specimen to SGT Christopher Pettis  
(PRINT RECEIVING STAFF MEMBER'S NAME)

- B. Break the Tamper Evident Plastic Filament Link (M)
- C. Pour a portion of my urine specimen into a vial  
with the control number printed on it's side.
- D. Close the vial cap. (A)
- E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial.  
I then initialed the evidence tape with specimen ID number [REDACTED]
- F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode  
label on bag with the number [REDACTED]

A MAIN TEST VIAL - NO. B ALTERNATE TEST VIAL - NO. [REDACTED]

EXAMINEE'S SIGNATURE <u>Michael Padalino</u>	STAR/EMP NO. [REDACTED]	WITNESS'S SIGNATURE <u>Sgt Christopher Pettis</u>	STAR/EMP NO. [REDACTED]
RECEIVING STAFF MEMBER'S SIGNATURE <u>Sgt Christopher Pettis #1184</u>	STAR/EMP NO. [REDACTED]	SUPERVISOR'S SIGNATURE	STAR/EMP NO. [REDACTED]

PART II - The urine specimen with the control number [REDACTED], was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by:

C. B. M., on 10 NOV 11, at 1415. (EXAMINEE'S INITIALS)

(STAFF MEMBER'S SIGNATURE) (DATE) (TIME)  
and then delivered to [REDACTED], on [REDACTED], at [REDACTED]  
(LAB MEMBER) (DATE) (TIME)  
I attest that the sealed urine specimen bag containing specimen ID number [REDACTED]  
was removed from the Random Drug Testing Unit refrigerator by [REDACTED]  
(RDTU MEMBER)

Specimen received by [REDACTED]  
(LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

8103057 4932765 SPECIMEN ID NO.

## STEP 1: COMPLETED BY COLLECTOR OR EMPLOYER REPRESENTATIVE

LAB ACCESSION NO.

A. Employer Name, Address, I.D. No.

CITY POLICE DEPT  
CITY OF DALLAS TEXAS  
1616 MONTGOMERY AVE  
DALLAS TX 75201  
(214) 744-6853 FAX (214) 744-6819

B. MRO Name, Address, Phone and Fax No. (214) 744-6820

C. Donor SSN or Employee I.D. No.

D. Donor Name: Last: DFirst: NE. Donor ID Verified:  Photo ID  Emp. Rep.F. Reason for Test:  Pre-employment (1)  Random (3)  Reasonable Suspicion/Cause (5)  Post-Accident (2)  Promotion (22)  
 Return to Duty (6)  Follow-up (23)  Other (specify) (99) Mandatory POST WEAPONS Discharge

G. Drug Tests to be Performed:

A. COCAINE SAF 10-50/2000 WHIT(025)H. Collection Site Name: 555 W GrandAddress: CH 80 T L

City, State and Zip:

Collection Site Code:

Collector Phone No.: \_\_\_\_\_

Collector Fax No.: \_\_\_\_\_

## STEP 2: COMPLETED BY COLLECTOR

Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F?  Yes  No, Enter Remark

Specimen Collection:

 Split  Single  None Provided (Enter Remark)  Observed (Enter Remark)

## REMARKS

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.

## STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements.

X Christopher Pettis  
 Signature of Collector  
 Christopher PETTIS  
 (Print) Collector's Name (First, MI, Last)

9:39 AM  
 Time of Collection  
11/19/2011 ►  
 Date (Mo./Day/Yr.)

## SPECIMEN BOTTLE(S) RELEASED TO:

 Quest Diagnostics Courier  FedEx  
 Other \_\_\_\_\_

Name of Delivery Service Transferring Specimen to Lab

RECEIVED  
AT LAB: XSignature of Accessioner  
 (Print) Accessioner's Name (First, MI, Last) \_\_\_\_\_ Date (Mo./Day/Yr.) \_\_\_\_\_Primary Specimen  
Bottle Seal Intact
 Yes  
 No, Enter Remark \_\_\_\_\_

## SPECIMEN BOTTLE(S) RELEASED TO:

## STEP 5: COMPLETED BY DONOR

I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.

X D  
 Signature of Donor  
 Daytime Phone No. \_\_\_\_\_

(PRINT) Donor's Name (First, MI, Last) \_\_\_\_\_  
 Evening Phone No. \_\_\_\_\_

N A  
 Date (Mo./Day/Yr.) \_\_\_\_\_  
 Date of Birth Mo. / Day / Yr. \_\_\_\_\_

## STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN

In accordance with applicable requirements, my determination/verification is:

NEGATIVE  POSITIVE  TEST CANCELLED  REFUSAL TO TEST BECAUSE:  
 DILUTE  ADULTERATED  SUBSTITUTED

REMARKS \_\_\_\_\_

X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.) \_\_\_\_\_

## STEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN

In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:

 RECONFIRMED  FAILED TO RECONFIRM - REASON \_\_\_\_\_X

Signature of Medical Review Officer

(PRINT) Medical Review Officer's Name (First, MI, Last)

Date (Mo./Day/Yr.) \_\_\_\_\_

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 10 day of Nov 2011, I PO C. Conny # 7094 received a collected urine specimen from Sgt. C. Pettis # 1184. The specimen was delivered in sealed/unsealed condition and was received in packaging described as:

Select One  A clear and blue CPD evidence/property bag containing two tape-sealed vials (including one within a sealed Quest Diagnostics specimen bag).

or

\_\_\_\_\_  
\_\_\_\_\_

The packaging was then opened by PO C. Conny in the presence of Sgt PETTIS. The following items were removed from the container:

Select One  One tape-sealed vial labeled #                                  within a sealed Quest Diagnostics specimen bag and one tape-sealed vial labeled #                                 

or

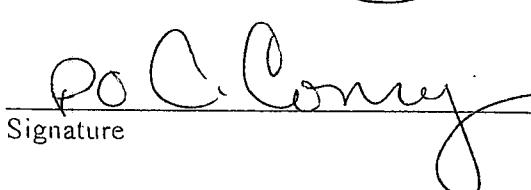
\_\_\_\_\_  
\_\_\_\_\_

The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by PO C. Conny, as witnessed by Sgt. PETTIS.

Specimen delivered by:

  
Signature Clerk # 1184

Received/stored by:

  
Signature PO C. Conny # 7094



# NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's Name Michael PADALINO Title Police officer  
Star No. 15680 Employee No. [REDACTED] Unit 189

The applicable collective bargaining agreements and policy of the Chicago Police Department require those involved in a firearms discharge incident to undergo testing for the presence of alcohol and drugs. You are hereby ordered to submit to this testing and are required to take an alcohol breath test and provide a urine specimen.

Any refusal to take the required tests or refusal to fully comply with the testing procedures will be treated as a violation of Department Rules and will subject you to discipline up to and including separation.

I have read, understand, and complied with the above.

Print Member's Name	Involved Member's Signature	Date and Time
<u>Michael Padalino</u>	<u>[Signature]</u>	<u>09 Nov 2011 2110</u>
Type of Test: Alcohol	Location: [REDACTED]	Date and Time: <u>09 Nov 2011 2132</u>
Type of Test: Drug	Location: [REDACTED]	Date and Time: <u>09 Nov 2011 2139</u>

I have provided notice to the above-named involved member and conducted the alcohol and drug testing as indicated.

IAD Supervisor's Name	IAD Supervisor's Signature	Date and Time
<u>Sgt. Christopher Pettis</u>	<u>[Signature]</u>	<u>09 Nov 2011 2145</u>
CPD-44.252 (7/10)	DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COPY - TO INVOLVED MEMBER	

40005057 AREA/ROUTE/STOP: XXXXXXX  
 CHICAGO POLICE DEPT  
 RANDOM DRUG UNIT #1087SW  
 3510 S MICHIGAN AVE  
 CHICAGO, IL 60653

LABORATORY REPORT



Quest  
 Diagnostics

PARTICIPANT NAME	PARTICIPANT ID	ROOM NO.	AGE	SEX	PHYSICIAN		
[REDACTED]							
PAGE	REQUISITION NO	ACCESSION NO.	LAB REF. #	COLLECTION DATE & TIME	LOG-IN-DATE	FAX DATE	TIME
1	[REDACTED]			11092011 09:39PM	11112011	11112011	10:05AM

REMARKS Client Site Location:

REASON FOR TEST: MANDATORY POST WEAPONS DISCHARGE

DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RESULT		UNITS	REFERENCE RANGE	SITE CODE
			IN RANGE	OUT OF RANGE			
REPORT FOR:		CHICAGO POLICE DEPT - 40005057 RANDOM DRUG UNIT, #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653					
Tests Ordered:	35190N (SAP 10-50/2000 W/NIT)						
Integrity Checks						Acceptable Range	
CREATININE	244.7 mg/dL					>/= 20 mg/dL	
pH	5.8					4.5-8.9	
OXIDIZING ADULTERANTS	Negative						
Substance Abuse Panel					Initial Test Level	MS Confirm Test Level	
AMPHETAMINES	Negative				1000 ng/mL	500 ng/mL	
BARBITURATES	Negative				300 ng/mL	200 ng/mL	
BENZODIAZEPINES	Negative				300 ng/mL	200 ng/mL	
COCAINE METABOLITES	Negative				300 ng/mL	150 ng/mL	
MARIJUANA METABOLITES	Negative				50 ng/mL	15 ng/mL	
METHADONE	Negative				300 ng/mL	200 ng/mL	
METHAQUALONE	Negative				300 ng/mL	200 ng/mL	
OPIATES	Negative				2000 ng/mL	2000 ng/mL	
PHENCYCLIDINE	Negative				25 ng/mL	25 ng/mL	
PROPOXYPHENE	Negative				300 ng/mL	200 ng/mL	
CERTIFYING SCIENTIST:	KSAS01						
SPECIMEN RECEIVED AND PROCESSED	IN THE LENEXA DHHS CERTIFIED LABORATORY.						
LAB	Quest Diagnostics-Lenexa 10101 Renner Blvd Lenexa KS 66219						
	>> END OF REPORT <<						

0300-03

CPD-34-558A

EVIDENCE & RECOVERED PROPERTY SECTION  
CHICAGO POLICE DEPARTMENT

## EVIDENCE - PROPERTY ENVELOPE

SEAL WITHIN WHITE AREA

LOG # 104 9919

STAR NO.

 OTHER-  
 DESCRIBE

## MANNER RECEIVED

 MAIL  
 COUNTER  
 CRIME LAB

## DATE RECEIVED

9 Nov 2011

## PROP. INVENTORY NO.

121

## DELIVERING OFFICER

Sgt. Christopher Pettis

## E &amp; RPS RECEIVING OFFICER

## CONTENTS - DESCRIBE

AMOUNT \$

CPD 0021675